



SAFEGUARDING AND CHILD PROTECTION POLICY

ST. MICHAEL AT BOWES C.E. JUNIOR

THE POLICY TO BE REVIEWED OCTOBER 2019

Key Contact Personnel in School

Designated Child Protection Co-ordinator: **Bridget Lennon**
Named Child Protection Governor: **Kate MacDonald-Boyle**

ALL STAFF HAVE ACCESS TO THIS POLICY AND SIGNED TO THE EFFECT THAT THEY HAVE READ AND UNDERSTOOD ITS CONTENT.

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1 SCHOOL POLICIES ON RELATED SAFEGUARDING ISSUES (TO BE READ AND FOLLOWED ALONGSIDE THIS DOCUMENT)

- e-Safety Policy and Social Media Policy
- Behaviour Management Policy
- Special Educational Needs and Disability (SEND) policy
- Guidelines for the Use of Physical Intervention
- Procedures for Managing Allegations Against Staff
- Guideline for Record Keeping in Maintained Schools - Child Protection and Welfare Concerns
- Safeguarding Children and Child Protection - Induction Leaflet Guidelines for School Staff
- Health and Safety Policy
- Guidance for Safer Working Practice for Adults who Work with Children - embedded in this document
- Bullying / Anti-Bullying Procedure
- Racism / Anti-Racism Policy
- Guidance on the Use of Photographic Images
- Safer Recruitment Guidelines
- Whistle-Blowing Policy
- School Drug Policy
- Looked after children
- Procedures for Assessing Risk (re school trips)
- First Aid and Accident Policies
- Rights, Respecting Policy
- "Safeguarding Disabled Children - Practice Guidance" Hyperlink <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00374-2009>
- Lettings Policy
- Playground risk

Copies of these documents are kept in the school's office. They are also available to access via the school website www.smab@enfield.sch.uk

2 INTRODUCTION

- 2.1 This policy has been developed in accordance with the principles established by the Children Act 1989; and Education Act 2002 and in line with government publications:
- "Working Together to Safeguard Children" 2013
 - "Framework for the Assessment of Children in Need and their Families" 2000,
 - "What to do if You are Worried a Child is Being Abused" 2003,
 - DfES guidance "Safeguarding Children & Safer Recruiting in Education" 2006 and the
 - DoE advice 'Use of reasonable force: When can reasonable force be used?' 2012
 - Dealing with Allegations of Abuse against Teachers and other Staff DFE 2012
 - KCSIE - 2016
- 1.2 The Governing body takes seriously its responsibility under section 175 of the Education Act 2002 which places a duty on local authorities (in relation to their education functions and governing bodies of maintained schools and further education institutions to exercise their functions with a view to safeguarding and promoting the welfare of children who are pupils at a school.
- 1.3 The governing body will ensure that our school will safeguard and promote the welfare of pupils; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.
- 1.4 All relevant policies will be reviewed on an annual basis by the Governing Body which has responsibility for oversight of school safeguarding and child protection systems. The Designated Child Protection Co-ordinator / Head Teacher will ensure regular reporting on safeguarding activity and systems in school to the Governing Body. The Governing Body will not receive

details of individual pupil situations or identifying features of families as part of their oversight responsibility.

- 1.5 Our school is a community and all those directly connected (staff, governors, parents, families and pupils) have an essential role to play in making it safe and secure. We welcome suggestions and comments contributing to this process.
- 1.6 We recognise that all adults, including temporary staff¹, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.
- 1.7 All staff members believe that our school should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.

3 ETHOS

St. Michael at Bowes C.E. Junior School recognises the importance of providing an ethos and environment within school that will help children to feel safe, secure and respected; encourage them to talk openly; and enable them to feel confident that they will be listened to.

We recognise that children who are abused or witness violence are likely to have low self-esteem and may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame. Our school may be the only stable, secure and predictable element in their lives.

St. Michael at Bowes C.E. Junior School will endeavour to support the welfare and safety of all pupils through:

- Maintaining children's welfare as our paramount concern
- ensuring the content of the curriculum includes social and emotional aspects of learning

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- ensuring that child protection is included in the curriculum to help children stay safe, recognise when they don't feel safe and identify who they might/can talk to
- Providing suitable support and guidance so that students have a range of appropriate adults to approach if they are in difficulties
- To raise the awareness of all staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse by ensuring all staff are able to recognise the signs and symptoms of abuse and are aware of the school's procedures and lines of communication
- To support the child's development in ways that will foster security, confidence and independence.
- To provide an environment in which children feel safe, secure, valued and respected, and feel confident, and know how to, approach adults if they are in difficulties believing they will be effectively listened to
- Ensuring all steps are taken to maintain site security and student's physical safety
- Working with parents to build an understanding of the school's responsibility to ensure the welfare of all children including the need for referral to other agencies in some situations
- To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- Monitoring children who have been identified as having welfare or protection concerns; keeping confidential records which are stored securely and shared appropriately with other professionals
- To develop and promote effective working relationships with other agencies, especially the Police and Social Care.

- To ensure that all adults within our school who have substantial access to children have been checked as to their suitability.

4 PROCEDURES

4.1 Our school procedures for safeguarding children will be in line with the Local Safeguarding Children's Board (LSCB) Procedures. We will ensure that:

- All members of the governing body understand and fulfil their responsibilities.
- We have a nominated designated member of staff.
- Our designated child protection teacher has undertaken the initial designated member of staff training and subsequent refresher courses every two years.
- We have a member of staff who will act in the designated member of staff's absence.
- All members of staff are provided with 'Whole School' Child Protection Training every three years.
- All members of staff, volunteers, and governors know:
 - The signs and symptoms of concern
 - How to respond to a pupil who discloses abuse
 - What to do if they are concerned about a child
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the schools' Child Protection Policy, and reference to it in our introductory school materials.
- Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.
- Community users organising activities for children are aware of the school's child protection guidelines and procedures.

- We will ensure that our selection and recruitment of staff meet the requirements as set down in Safer Recruitment guidance.
 - We will ensure that there is at least one member of each interview panel has completed the safer recruitment course
- 4.2 Our procedures will be regularly reviewed and up-dated.
- 4.3 The names of the designated team members for Child Protection will be clearly advertised in the school
- 4.4 All new members of staff will be given a copy of our child protection policy.

5 RESPONSIBILITIES

- 5.1 The Designated Child Protection Teacher (DCPT) is responsible for:
- Referring a child if there are concerns about possible abuse, to the Children Services Social Work Duty and Assessment Team, and act as a focal point for staff to discuss concerns. A written record of the referral will be sent to the Assessment Team by the end of the working day the referral is made.
 - Keeping written records of concerns about a child even if there is no need to make an immediate referral. Record Keeping in Maintained Schools Child Protection and Welfare Concerns
 - Ensuring that all such records are kept confidentially and securely and are separate from pupil records.
 - Ensuring that an indication of further record-keeping is marked on the pupil records.
 - Liaising with other agencies and professionals.
 - Ensuring that they, the class teacher attends Child Protection Conferences, core groups, or other multi-agency planning meetings, contributes to assessments, and provides a report which has been shared with the parents.
 - Organising child protection training for all school staff.

- Providing, with the Headteacher, an annual report for the governing body, detailing any changes and reviews of relevant policy and procedures; training undertaken by the DCPT, and by all staff and governors; number and type of incidents/cases, and number of children subject to a child protection plan (anonymised).

6 SUPPORTING CHILDREN

- 6.1 We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self worth.
- 6.2 We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- 6.3 We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 6.4 Our school will support all pupils by:
 - Encouraging development of self-esteem and self-assertiveness, through the curriculum as well as our relationships through the schools' overarching values and ethos, whilst not condoning aggression or bullying.
 - Promoting a caring, safe and positive environment within the school.
 - Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
 - Notifying the Children Services Social Work Duty and Assessment Team as soon as there is significant concern.
 - Providing continuing support to a pupil about whom there have been concerns who leaves the school by ensuring that appropriate information is forwarded under confidential cover to the pupil's new school and ensuring the school medical records are forwarded as a matter of priority.

7 WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm - **see Appendix 1 for details.**

8 E-SAFETY AND SOCIAL MEDIA POLICY

It is recognised that the use of new technologies presents particular challenges and risks to children both inside and outside of school. St. Michael at Bowes C.E. Junior School will ensure a comprehensive curriculum response to enable all pupils to learn about and manage the associated risks effectively and will support parents/carers and the school community (including all members of staff) to become aware and alert to the needs of keeping children safe online. Detailed information can be found in the school's *e-Safety policy* which can be found on the School website and in the School's office.

Hyperlink to E Safety page on C Zone:

<https://czone.eastsussex.gov.uk/schoolmanagement/ict/e-safety/Pages/main.aspx>

Our school further promotes the safety of children by having adopted the Social Media Policy which ensures that Staff members keep their personal and professional lives separate when using any form of Social media.

9 SPECIFIC SAFEGUARDING ISSUES: CHILD SEXUAL EXPLOITATION AND TRAFFICKING, FORCED MARRIAGE, FEMALE GENITAL MUTILATION, SEXTING, PEER ON PEER ABUSE

- 9.1 Our policy on Child Sexual exploitation is set out separately.
- 9.2 The school follows the guidance 'Sexting in Schools and Colleges' published by UKCCIS in July 2016 (See Appendix 3)
- 9.3 The Department for Education defines Child Sexual Exploitation as a form of child abuse ("child" being defined as anyone under 18 years of age). It can manifest itself in different ways but essentially involves children and young people receiving something—for example, accommodation, drugs, gifts, or affection—as result of them performing sexual activities, or having others perform sexual activities on them. It can occur without physical contact, when children are groomed to post sexual images of themselves on the internet. In all cases those exploiting the child have power over them, perhaps by virtue of their age or physical strength. Exploitative relationships are characterised in the main by the child's limited availability of choice, compounding their vulnerability. This inequality can take many forms but the most obvious include fear, deception, coercion and violence.
- 9.4 Localised grooming is a model of child sexual exploitation in which a group of abusers target vulnerable children, including, but not confined to, those who are looked after by a local authority. The group typically makes initial contact with victims in a public place such as a park, cinema, on the street or at a friend's house. The children are offered gifts and treats—takeaway food, sweets, cigarettes, alcohol or drugs—in exchange for sex, sometimes with dozens of men on the same occasion. There will often be occasions where they are missing from home although such times may be less than 24 hours. The children sometimes identify one offender as a 'boyfriend', and might regard the sexual abuse by multiple offenders as 'normal'. The gangs sometimes use younger men or boys to make the initial approach, reinforcing the misapprehension that the children are involved in consensual relationships with partners of a similar age. In a number of cases, victims are internally trafficked within the UK, being

taken to other towns for the express purpose of being 'given' or 'sold' for sexual exploitation.

- 9.5 Children involved in any form of sexual exploitation should be treated primarily as the victims of abuse and their needs carefully assessed; the aim should be to protect them from further harm and they should not be treated as criminals. The primary law enforcement response should be directed at perpetrators who groom children for sexual exploitation.
- 9.6 Due to the nature of the grooming methods used by their abusers, it is very common for children and young people who are sexually exploited not to recognise that they are being abused. Practitioners should be aware that the child/children may believe themselves to be acting voluntarily and will need practitioners to work with them so they can recognise that they are being sexually exploited.
- 9.7 Teachers are more likely to see victims on a regular basis than almost any other professional. They will notice recurrent or prolonged absences and significant changes in behaviour, use of the 'Chronology' in the East Sussex Guidance: 'Recording of Child Protection and Welfare Concerns' will enable these patterns to be identified. They are key in identifying children at risk at an early stage and should raise concerns at an early stage, to potentially stop the grooming process before the sexual exploitation has begun. Teachers will highlight concerns about missing children as they may be at risk of Child Sexual Exploitation.
- 9.8 If any staff member or volunteer have concerns about other Staff members or volunteers possibly grooming children, or having poor boundaries with children, the Head Teacher or DCPT should be immediately informed, the Head teacher or DCPT should then seek consultation with the local authority in line with the allegations managements procedure, or directly with the Police if there are very serious immediate concerns.
- 9.9 As much as possible it is important that the child is involved in decisions that are made in respect of them.
- 9.10 Link to LSCB Chid Sexual Exploitation procedures The DFE Tackling Child sexual exploitation action plan

9.11 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180867/DFE-00246-2011.pdf

9.12 If an act of Female Genital Mutilation (FGM) appears to have been carried out or there are suspicions it may happen, this must be reported to the police immediately.

10 CHILDREN MISSING IN EDUCATION

10.1 The latest version of KCSIE (September 2016) now sets our guidance to schools when children arrive at the school.

10.2 When children are added to the admissions form, we must record the expected start date of the pupil. If the young person does not arrive on the start date, we will contact the local authority at the earliest opportunity.

10.3 For admissions to the school, apart from at the "start of the school's youngest year" (3) schools are required to notify the local authority "**within five days** when a child's name is added to the admission form and provide all the information help within the admission form about the child"

10.4 *Children whose name is deleted from the school roll*

When a child leave the school, the admission register must also record:

- The name of the child's new school; and
- The expected start date at the new school / the school must inform the local authority and supply the following information:
 - The full name of the child
 - The full name and address of any parent whom the child lives with
 - At least one telephone number of the parent with whom the child lives
 - If applicable, the full name and address of the parent with whom the child is going to live, and the date of the child is expected to be living there;

- The name of the child's destination school and the child's expected start date there, if applicable, and
- The grounds under which the child's name is to be deleted for the admission register.

11 DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality - it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping below)
- Pass the information to the Designated Child Protection Teacher or Head Teacher without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Child Protection Teacher.

12 RECORD KEEPING

St. Michael at Bowes C.E. Junior School fully adopts and implements the Guidance

Keeping in Schools: Child Protection and Welfare concerns

13 CONFIDENTIALITY

- 13.1 We recognise that all matters relating to child protection are confidential.
- 13.2 The Headteacher or Designated Child Protection Teacher will disclose any information about a pupil to other members of staff on a need to know basis only.¹
- 13.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- 13.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- 13.5 We will always undertake to share our intention to refer a child to Children Services Social Work Duty and Assessment Team with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the Duty Manager at the Assessment Team on this point.

14 SAFER RECRUITMENT

- 14.1 The Governing body is committed to ensure that all steps are taken to recruit staff and volunteers who are safe to work with our pupils and have their welfare and protection as the highest priority.
- 14.2 The Governing Body and School Leadership Team are responsible for ensuring that the school follows safe recruitment processes outlined within Guidance, including accurate maintenance of the Single Central Record; and an application, vetting and recruitment process which places safeguarding at its centre, regardless of employee or voluntary role.
- 14.3 The Governing Body will ensure that the Head Teacher, other senior staff responsible for recruitment and one member of the Governing Body complete accredited Safer Recruitment Training in line with government requirements.

15 SUPPORTING STAFF

- 15.1 We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation upsetting.
- 15.2 We will support such staff by providing an opportunity to talk through their anxieties with the DCPT and to seek further support as appropriate.

16 ALLEGATIONS AGAINST STAFF AND VOLUNTEERS

- 16.1 All school staff and Volunteers should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults; however we recognise that this is not always possible.
- 16.2 An allegation is any information which indicates that a member of staff/volunteer may have:

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- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

- 16.3 To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school code of conduct or Government document *'Guidance for Safer Working Practice for Adults who work with Children and Young People'*.
- 16.4 All Staff should be aware of the school's Behaviour Management policy, systems and procedures.
- 16.5 We understand that a pupil may make an allegation against a member of staff.
- 16.6 If such an allegation is made, the member of staff receiving the allegation will immediately inform the Headteacher or Designated Child Protection Teacher.
- 16.7 The Headteacher or Designated Child Protection Teacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO) - Maria Anastasi 0208 3792746/2850 as soon as is practical or in very serious urgent matters the Police and / or Children Services Social Work Duty and Assessment Team, they should also contact their personnel / Human Resources officer.
- 16.8 If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 15.7 above, without notifying the Headteacher first.
- 16.9 Suspension of the member of staff, excluding the Headteacher, against whom an allegation has been made, needs careful

consideration, and the Headteacher will seek the advice of the LADO and the Personnel Human Resources Adviser.

16.10 In the event of an allegation against the Headteacher, the decision to suspend will be made by the Chair of Governors with advice as in 11.7 above.

16.11 Embedded is the full DoE Allegations Guidance

17 WHISTLEBLOWING (CONFIDENTIAL REPORTING)

17.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

17.2 All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If necessary, they should speak with the head teacher, the Chair of Governors or externally to the school with the (Local Authority Designated Officer) LADO.

17.3 NCPCC Whistleblowing Advice line: 0800 0280285

18 PHYSICAL INTERVENTION

18.1 Our policy on physical intervention by staff is set out separately in the behaviour policy, and acknowledges that the decision whether or not to intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

18.2 Staff use physical intervention as a last resort, but staff are empowered to use reasonable force to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder

18.3 In a school, force is used for two main purposes: to control pupils or to restrain them

18.4 Such events should be recorded and signed by a witness.

18.5 Staff who are likely to need to use physical intervention will be appropriately trained in the Team Teach (or Name) technique.

- 18.6 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

19 BULLYING

- 19.1 Our policy on bullying is set out in a separate document in the behaviour policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes homophobic and gender related bullying. The school delivers a zero tolerance approach to all forms of bullying including verbal, physical and cyber.

20 RACIST INCIDENTS

- 20.1 Our policy on racist incidents is set out in a separate policy and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures.

21 PREVENTION AND EARLY HELP

- 21.1 We recognise that the school plays a significant part in the prevention of harm to our pupils by providing pupils with good lines of communication with trusted adults, supportive friends and an ethos of protection.
- 21.2 The school community will therefore:
- Ensure and maintain an ethos where children feel secure and are encouraged to talk and are always listened to. The Early Help process will involve identifying children, communicating with parents (when appropriate) and referring to appropriate agencies. Staff understands that learners with SEND can be particularly vulnerable and are duly vigilant.

- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Include across the curriculum, including and particularly within PSHE education, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help.

22 RADICALISATION

The current threat of radicalisation in the UK may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The school is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

- All pupils and teachers have the right to speak freely and voice their opinions. However, free speech is not an unqualified privilege but is subject to laws and policies governing equality, human rights, community safety and community cohesion.
- We seek to protect children against the messages of all violent extremism. When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak to the designated lead. Staff use their judgement in identifying children who may be at risk of radicalisation. If there is a concern a referral will be made to Channel Programme via Children Social Care 0208 379 2507 or Prevent Officer in Enfield Sujeevan Ponnampalam 0208 379 6137.

23 HEALTH & SAFETY

Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the school environment, and for example in relation to E safety.

24 THE USE OF SCHOOL PREMISIS BY OTHER ORGANISATIONS

22.1 Where services or activities are provided separately by another body using the school premises, the Head Teacher and Governing Body will seek assurance that the organisation concerned has appropriate policies and procedures in place with regard to safeguarding children and child protection and that relevant safeguarding checks have been made in respect of staff and volunteers. If assurance is not achieved, an application to use premises may be refused.

25 SECURITY

All staff has a responsibility for maintaining awareness of buildings and grounds security and for reporting concerns that may come to light. We operate within a whole-school community ethos and welcome comments from pupils, parents and others about areas that may need improvement as well as what we are doing well.

Appropriate checks will be undertaken in respect of visitors and volunteers coming into school as outlined within guidance. Visitors will be expected to sign in and out via the office visitors log and to display a visitors badge whilst on school site. Any individual who is not known or identifiable should be challenged for clarification and reassurance.

The school will not accept the behaviour of any individual (parent or other) that threatens school security or leads others (child or adult) to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse access for that individual to the school site.

26 CONTACTS

Enfield Duty and Assessment Team's

- Disability Duty Team (all age groups) 01323 466050

- Local Authority Designated Officer (LADO) Children's Safeguarding

APPENDIX 1: DEFINITIONS OF ABUSE AND INDICATORS OF HARM

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae haemorrhages (pinpoint blood spots under the skin.)
Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions

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- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.

Safeguarding and Child Protection Policy

- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others

Unauthorised attempts to administer medication

Tries to draw the child into their own illness.

Past history of childhood abuse, self harm, false allegations of physical or sexual assault

Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.

May appear unusually concerned about the results of investigations which may indicate physical illness in the child

Wider parenting difficulties may (or may not) be associated with this form of abuse.

Parent/carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community

History of mental health, alcohol or drug misuse or domestic violence

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Safeguarding and Child Protection Policy

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment - 'don't care' attitude

Social isolation - does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self esteem, lack of confidence, fearful, distressed, anxious

Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.

Abnormal attachment to child e.g. overly anxious or disinterest in the child

Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.

Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- protect a child from physical and emotional harm or danger;*
- ensure adequate supervision (including the use of inadequate care-givers); or*
- ensure access to appropriate medical care or treatment.*

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

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Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child .e.g. anxious

Low self esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital;

lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent
Child abandoned or left alone for excessive periods
Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas
Recurrent pain on passing urine or faeces
Blood on underclothes
Sexually transmitted infections
Vaginal soreness or bleeding
Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.
Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
Self-harm - eating disorders, self mutilation and suicide attempts
Poor self-image, self-harm, self-hatred
Reluctant to undress for PE
Running away from home
Poor attention / concentration (world of their own)
Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

Comments made by the parent/carer about the child.
Lack of sexual boundaries

Safeguarding and Child Protection Policy

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Family member is a sex offender

Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to the child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.